

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41949

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

File No. _____

Township _____

Primary Registration District No. 3036Registered No. 182City St. Charles(No. St. Joseph's Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 1409 N. 2nd St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAngela Eischoff6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.701015

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Machinist9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Plumbers Bill10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Charles Mo

FATHER

13. NAME

Henry Ohmann14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Elizabeth Steinmann16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Lee H. Ohmann
St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's DATE Dec 22 193119. UNDERTAKER
(ADDRESS)H. H. Schaefer & Sons
700 N. 2nd St. St. Charles Mo

20. FILED

12/27 1931 Thos. G. Bloebaum
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 193122. I HEREBY CERTIFY. That I attended deceased from
Nov 25 1931 to Dec 20 1931I last saw him alive on Dec 20 1931. Death is saidto have occurred on the date stated above, at 2:05 P. m.

The principal cause of death and related causes of importance were as follows:

(Pneumonia) Date of onset _____1533 1533

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis? Leucocytosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Thos. G. Bloebaum M. D.(Address) 200 Clay St. St. Charles Mo

JUN 10 1953

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